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ABSTRACT

The report describes the University of Florida Multidisciplinary Diagnostic and Training Program (MDTP), jointly administered through the Department of Pediatrics and the Department of Special Education. It functions as a diagnostic, training, and consultative resource to local school districts in north central Florida and provides short-term diagnostic services for children with complex medical, learning, and behavioral difficulties. Inservice, preservice, and parent training are also offered. The case conference procedure is fundamental to the design and operation of this model program. Case conferences follow a prearranged order of presentation, and are attended by the child's classroom teacher(s) and other local school district personnel, the MDTP liaison consultant, the educational diagnostician, the pediatric neurologist, speech pathologist, and school psychologist. A 1985 survey of teacher perceptions of the MDTP case conferences yielded highly positive responses, and 95 percent of a sample of 23 teachers reported that they modified their teaching as a result of case conference suggestions. Direct observational data collected on the interactions of MDTP team members during 10 randomly sampled case conferences indicated that all disciplines contributed to brainstorming solutions. Further investigation is recommended to identify specific variables of greatest significance in producing positive outcomes for case conferencing. (JW)

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Multidisciplinary Teams and the Case Conference: Format Guidelines for Affecting Teacher Attitude and Knowledge[1,2]

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RUNNING HEAD: Multidisciplinary Teams

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Abstract

For over five years the Multidisciplinary Diagnostic and Training Program (MDTP) has provided diagnostic services for children with complex medical, learning, and behavioral difficulties to school districts in north central Florida. Follow-up evaluation reveals that local educators perceive: 1) the MDTP as serving a critical diagnostic function and 2) MDTP case conferences (staffings) as providing inservice training for their faculty as well as being occasions in which interdisciplinary exchange and problem-solving truly occur. These results come at a time when many educators and researchers are questioning the efficacy of multi-disciplinary teams and the utility of case conferences. The present report presents a brief summary of the MDTP and its case conference procedure followed by a synopsis of a teacher opinion survey and naturalist observational study of team interactions during case conferences. The salient aspects of case conferencing are important for school psychol-gists, guidance counselors, pediatricians and others who lead and participate in multidisciplinary teams.

Effective Case Conferencing: A Sometimes Elusive Goal in the Assessment of Exceptional Students

The passage of Public Law 94-142, the Education for All Handicapped Children Act of 1975, dramatically affected educational assessment and the process for determining student eligibility for special education and support services in the schools in the United States. Presently, law mandates nondiscriminatory assessment with multidisciplinary teams working together to provide a free, appropriate public education for children in the least restrictive environment (Mercer & Mercer, 1985). Subsequently, state legislation heightened local school district need for support to enable them to comply with state and federal legislation. One program which was funded to serve as a resource to local school districts was the University of Florida Multidisciplinary Diagnostic and Training Program (MDTP) (Ross & Candelario, 1983). At the core of MDTP activities is the **case conference**--a meeting in which all involved professionals and teachers and other professionals from the school district gather to review test results and formulate action plans. Case conferences and multidisciplinary teams are commonplace in all school districts--their effectiveness, however, has come under scrutiny.

The purpose of this report is to present a brief review of issues related to team decision making, describe the MDTP and its case conference procedures--procedures which appear to be have positive outcomes, and present data which support the effectiveness of the MDTP staffing approach. Additionally, naturalistic observational data which

reflects the nature of team interaction during case conferences are presented.

While recognition of the importance and potential merit of multidisciplinary teams is growing (Fleming & Fleming, 1983), simply bringing various professionals together does not ensure appropriate decisions will be made (Pfieffer, 1980). As Fleming and Fleming (1983) point out, joint planning and decision-making and reciprocal teaching and learning can not be taken for granted. Nonetheless, clinical experience and empirical data appear to indicate that mutual-reciprocal involvement of all participants during the case conference may be a critical determinant of the staffing outcomes.

Yoshida, Fenton, Maxwell, and Kaufman (1977) note a relationship between participation and satisfaction in team decision making. Regular education teachers, for instance, perceive themselves as low in participation and low in satisfaction with the team process. While a naturalistic observation study conducted by Ysseldyke, Algozzine, Allen (1981) did not replicate the participation-satisfaction relationship observed by Yoshida et al, the concepts of "sharing," "participation," and "collaboration" of team members appear to be intricately tied to the literature on effective team functioning (e.g., Bailey, Helsel-DeWert, Thiele, & Ware, 1983; FitzSimons, 1977). Ysseldyke et al. (1981) assessed team meetings through analysis of video tapes and found that on the average teachers participated in 27 percent of the observed intervals. However, in 7 of 24 meetings teachers participated less than 10 percent of the intervals (i.e., contributed less than one minute of talking), data which support contentions of little or superficial involvement of teachers

in teams. Ysseldyke et al. suggest that team leaders: a) state the goal of the meeting at the onset, b) have and follow a prepared agenda, c) solicit information about the problem from each team member, and d) reach consential decisions as a means of improving team process and outcomes.

The University of Florida Multidisciplinary Diagnostic and Training Program (MDTP)

Ross, Mercer, Hendrickson, Peterson, and Hughes (in press) describe the MDTP as a program jointly administered through the Department of Pediatrics and the Deparment of Special Education. The MDTP has six main objectives:

1) to set up a model multidisciplinary program which employs a diagnostic-prescriptive approach to assist in evaluation and the development of individual education plans,
2) to function as a diagnostic, training, and general consultative resource to local school districts,
3) to provide preservice training to students from various colleges,
4) to conduct inservice training of teachers,
5) to offer parent training, and
6) to conduct and disseminate research related to the multi-disciplinary approach.

The referral and intake process. The majority of referred children to the MDTP are in grades k - 6. Usually a local school district refers a regular or special education student who is particularly puzzling or difficult to manage. Once the student is accepted by the MDTP, he is assigned to a liaison consultant who meets with the parents, teachers,

local school pyschologist and guidance counselor. The liaison consultant also observes the child in his/her classroom. The child comes to the Diagnostic Clinic located on the campus of the university for a two day evaluation. The purpose of the Diagnostic Clinic is to provide short-term diagnostic services and to develop preventive, compensatory and remedial intervention strategies. Within 1 -2 weeks the case conference is scheduled.

The MDTP Case Conference

The purpose of the case conference is to share results of observations and informal and formal testing with the local school district and to arrive at suggestions/recommendations for resolving the referral question(s). Most often, the referral question(s) are: (1) Does the child qualify for placement in a special program? (2) Can specific recommendations be made on strategies for teaching the child? (3) Is there any underlying medical or neurological condition which accounts for the child's learning and/or behavioral problems?

The case conference lasts approximately 60 minutes and is attended by all the child's classroom teacher(s) and other local school district personnel, the MDTP liaison consultant, the educational diagnostician, the pediatric neurologist, the speech pathologist, and the school psychologist. The conference is orchestrated by the liaison and follows a prearranged order of presentation. The conference begins with a statement regarding its purpose and the procedure to be followed in the case conference, an introduction of all team members, a statement of the specific purpose(s) for evaluating the child, and so on. The liaison presents school and parent concerns as well as data collected while visiting the child's school.

School district personnel are asked to confirm, add to or correct information presented by the liaison. Subsequently, professionals representing each discipline involved take about 5 minutes to describe the salient aspects of their testing and interviews. After formal presentation of results, the format changes to an open forum for discussion and brainstorming. The liaison facilitates team interaction and notes decisions/recommendations upon which there was agreement. Before adjourning, the liaison reviews each recommendation and decision for final summary and concensus. Full written reports are delivered to the school district and parents approximately 3 weeks after the case conference. All pertinent information is reviewed with the teachers and parents and plans for any additional action made.

Teacher Perception of MDTP Case Conferences

Follow-up evaluation of teacher perceptions of the MDTP case conferences was conducted in late spring of 1985. A random sample of teachers-- regular education/Chapter 1* teachers and special education teachers, participated in the evaluation. All teachers responded to five questions highlighting the utility of case conferences. Teachers responded to queries regarding: 1) whether or not they felt the conference was a time for multidisciplinary exchange, 2) if they felt they had an opportunity to give input during the conference, 3) if they considered the session to be an active problem solving occasion, 4) if they considered the case

*Chapter 1 programs provide supplemental education, usually in reading and mathematics, for children who are underachieving academically. Chapter 1 monies may be requested by school districts with children from low socio-ecomonic status, underpriveleged families.

conference process a useful approach for making decisions regarding students, and 5) whether or not they perceived the conference to be a professional growth experience. Table 1 contains a breakdown of the responses of special education and regular education/Chapter I teachers' opinions. As can be seen, positive responses ranged from 66.6 % (special teacher perception of the problem-solving nature of conferences) to 100% (multidisciplinary exchange, provision for local input and growth experience). Mean responses were positive for 88.9% of the special education teachers and 94.0 % for regular and Chapter 1 teachers.

Participant Interaction During MDTP Case Conferences

Direct observational data were collected on ten randomly sampled MDTP case conferences. Data were collected on the number and percentage of initiations and responses made by members representing each component (subgroup) of the team: medical, speech and language, psychological, educational, and the local school district. Data were gathered after all formal presentation of test results had been completed and the brainstorming/discussion had begun. Depending on the case, observation periods ranged from approximately 20 to 60% of the entire case conference (i.e., 33 to 40 minutes). On the average, each case conference was attended by 8 or more team members with 3 or more university students observing as part of their preservice coursework.

Observation of team members' verbal input was coded as either an initiating interaction (new topic or new person speaking after a 5 sec pause in discourse) or a response to a question or query from another team member. Team members were placed into subcategories which represented the different disciplines (e.g., medical, educational).

The "local school district" was considered a separate subcategory. Observational data averaged across the case conferences revealed a relatively balanced level of interaction among team participants. Team members in each subcategory initiated and responded to initiations at a relatively stable rate. That is, 40 - 60% of all interactions were either initiations or responses. Further, no subcategory (e.g., medical) dominated the brainstorm session. The range of subgroup participation varied from approximately 15% to 40% of the initiations and responses during any session. Closer examination of the participation of the local school district revealed that initially in a case conference participation (response) was solicited by such occurrences as another team member asking a teacher to confirm or expand on a point). Subsequently, the school district participant(s) would spontanteously interject information pertinent to the discussion.

A separate tally was made of the amount of praise (e.g., "Good idea.") offered during the session. Generally speaking, the frequency was quite low (e.g., less than 3% of the total number of interactions included specific praise). On the other hand, the majority of praise was delivered to school district personnel, perhaps intended to function as support of their participation.

Teacher Implementation of Case Conference Suggestions

While the local school district often acted upon data revealed during the case conference (e.g., placed or did not place a child in a special education setting), 95 % of a sample of 23 teachers reported that they modified their teaching as a result of suggestions arising from the MDTP. On the average, special education teachers reported using 4.4 new teachng

strategies and regular education/Chapter 1 teachers reported using 4.5 recommended teaching strategies. While these results are not solely the outcome of the case conference, it is likely that the case conference set the tone for whether or not teachers would be receptive to new ideas. Additionally, 84.4% of the special education teachers reported that the test results were helpful, 87.7% of regular/Chapter 1 teachers felt the same.

Summary

Participating in the functions of a multidisciplinary team is a role in which professional educators, physicians, speech/language clinicians, and school psychologists increasingly find themselves. While the merits and potential benefits of teaming have substantial face validity, numerous educators and educational researchers (Fleming & Fleming, 1983; Ysseldayke et al., 1981) have contributed suggestions for improving the process and outcome of multidisciplinary teaming. The multidisciplinary case conference reported herein has attempted to incorporate a number of the recommendations reported in the literature. In particular, all staffings follow a prespecified agenda and focus on specific goals. Additionally, observational data collected on the interaction of team members during MDTP case conferences supports the fact that "nobody was left on the bench"; that is, all disciplines and the local school district contributed to brainstorming solutions. Indeed, it appears that standing team members (e.g., the psychologist, MDTP educators) encouraged local district participation through the use of specific praise. Since the incidence of praise phrases/statements was relatively low, it is likely that nonverbal behaviors were supporting

teacher participation (e.g., eye contact, head nods, etc.). While the importance of active involvement by all members cannot be precisely weighed the contention of Bass and Leavitt (1963) appears to be valid--people are more likely to carry out decisions which they made or helped to make. This proposition certainly appears to be supported by teacher feedback and reported usage of ideas/suggestions forthcoming from MDTP case conferences.

Data on the precise nature of case conferences is sparsely represented in the literature. This summary has attempted to illustrate the process and outcomes of case conferencing at the MDTP, a multi-disciplinary program which has been operative in Florida since 1981. Clearly, further investigative efforts are needed to discern the effects of specific variables associated with of case conferencing and identify those variables that are most significant is producing positive outcomes.

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Table 1

Special Education and Regular/Chapter 1 Teacher Opinions of Case Conferences

Questionnaire Item	% Positive Special Ed Teachers	% Positive Regular/Chapter 1
1. Multidisciplinary Exchange	100.0 %	90.0%
2. Able to Give Input	100.0%	100.0%
3. Problem Solving Situation	66.6%	80.0%
4. Useful for Decision-Making	88.8%	100.0%
5. A Professional Growth Experience	88.8%	100.0%
Average	**88.9%**	**94.0%**